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INDICATION FORM**

Application Number	10/598,048-Conf. #9518
Filing Date	February 17, 2005
First Named Inventor	Robert R. Rando
Title	MANAGEMENT OF OPHTHALMOLOGIC DISORDERS, INCLUDING MACULAR, etc.
Art Unit	N/A
Examiner Name	Not Yet Assigned
Attorney Docket No.	HMV-09102

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

Practitioners associated with the Customer Number: 58475

OR

Practitioner(s) named below:

Name	Registration Number	Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature:

Date:

Name:

Telephone:

Title and Company:

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

*Total of 1 forms are submitted.